

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:  
404063747

Date Received:  
01/20/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 95620  
Name of Operator: WESTERN OPERATING COMPANY  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

Contact Name and Telephone:  
Name:  
Phone: ( ) Fax: ( )  
Email:

Additional Operator Contact:

Contact Name	Phone	Email
James, Steven	(303) 893-2438	steve@westernoperating.com
Reid, Marta	719-688-1638	dale@westernoperating.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 713600596  
Inspection Date: 01/10/2024 FIR Submit Date: 01/12/2024 FIR Status:

Inspected Operator Information:

Company Name: WESTERN OPERATING COMPANY Company Number: 95620  
Address: 1165 DELAWARE STREET #200  
City: DENVER State: CO Zip: 80204

LOCATION - Location ID: 324809

Location Name: BUTLER USA-619S45W Number: 10SWNE County: KIOWA  
Qtrqtr: SWNE Sec: 10 Twp: 19S Range: 45W Meridian: 6  
Latitude: 38.421440 Longitude: -102.444060

FACILITY - API Number: 05-061-00 Facility ID: 212814

Facility Name: BUTLER USA Number: 1-X  
Qtrqtr: SWNE Sec: 10 Twp: 19S Range: 45W Meridian: 6  
Latitude: 38.421440 Longitude: -102.444060

CORRECTIVE ACTIONS:

1 CA# 190045

Corrective Action: Install required equipment to comply with Rule 612.e. Date: 01/10/2024

Response: CA COMPLETED Date of Completion: 03/01/2024

Operator Comment: Inspection 713601029 "H2S wind sock has been replaced."

ECMC Decision:

ECMC  
Representative:

2 CA# 190046

Corrective Action: Comply with Rule 606.

Date: 01/10/2024

Response: CA COMPLETED

Date of Completion: 06/01/2024

Operator  
Comment:

Inspection 713601502 " The two unused tanks and parts have been removed."

ECMC Decision:

\_\_\_\_\_

ECMC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Amber Barnett

Signed: \_\_\_\_\_

Title: Compliance Specialist

Date: 1/20/2025 4:35:20 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

**Document Number**      **Description**

404063747	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files